Model
Infection Control Plan

Courtesy of Fairfield Fire and Rescue

Name of Service
Infection Control Policy

INTRODUCTION:

The purpose of the "Infection Control Policy" is to protect the emergency worker and the public served from exposure to and transmission of infectious or contagious diseases.

INFECTIOUS DISEASE is any disease that can be transmitted from one person to another or from an animal to a person.

SIGNIFICANT EXPOSURE shall mean a situation in which the body fluids such as blood, saliva, urine or feces of an individual have entered the body of another individual. The four ways for an organism to transfer from one person to another is droplet infection, direct contact, indirect contact and vector transmission (via an animal or insect bite, blood transfusion or a needle-stick injury).

PATIENT CARE shall mean all tasks involving patient care and tasks related to access to the patient shall be considered as a potential for an infectious exposure.

ROUTINE CLEANING, DECONTAMINATION, AND MAINTENANCE of the ambulance and patient care equipment shall be considered as a potential for an infectious exposure.

CONTAMINATED APPAREL worn during patient care that becomes soiled with blood or other body fluids from the patient or other responders shall be considered as having a potential for infectious exposure and shall be decontaminated or disposed of according to policy.

FULL BODY SUBSTAINCE ISOLATION GEAR includes gloves, masks, gowns, and protective eyewear.

Three different types of organism shall be considered contaminants. They are as follow:

1. BACTERIA: To be infectious, must have a portal of entry into the body and the ability to multiply and invade the tissues, usually through a mucous

membrane.

2. VIRUSES: Are tiny organisms that require a host in order to multiply. Results of infection include destruction of cells, rapid cell reproduction, and symptoms typically found in the body's immune response, including inflammation and mucus production.

3. FUNGI: Are organisms that are found in the air, soil, and water. The skin and mucous membranes are the initial barriers to infection, mildew, and mold. Fungi cause damage by invading, displacing, and destroying vital host cells and structures.

PRE EXPOSURE PLAN:

1. Any responder knowing they will have immediate patient contact shall wear protective gloves and other personal protective equipment as needed. Prior to putting on the body fluid protective gloves, the responder should wash his/her hands with soap and water or an antiseptic cleanser recommended by the Physician Medical Director (PMD) for at least ten (10) seconds.

2. Anyone who may have the potential of coming in contact with blood or other body fluids, tissue or any articles potentially contaminated by a sick or injured person should wear appropriate body substance isolation gear.

3. All emergency workers should wear heavy gloves over the protective gloves when the possibility exists of injury from sharp objects, i.e. motor vehicle accident, farm machinery extrication, etc.

4. In a multi-trauma situation you could be caring for more than one patient. The possibility exists to transmit an infectious disease to other patients. The caregiver will either put on several layers of gloves or carry extra gloves in order to change them between patients. The disposal of gloves will be according to policy for discarding contaminated clothing and equipment.

5. When the responder is doing assisted breathing a pocket mask, a resuscitation bag or other ventilation devices with a one-way valve is required. Those in danger of exposure to spurting blood, splashing body fluids or from individuals with known respiratory infection should wear full body substance isolation gear.

POST EXPOSURE PLAN:

REPORTING SIGNIFICANT EXPOSURE:

1. Report All incidents involving any significant exposure immediately to the EMS officer in charge and to the Emergency Room Staff. Fill out the EMERGENCY

WORKER INCIDENT REPORT FORM ***located _____(Identify where the form is located in the ambulance)***. Depending on the type of significant exposure time may be of the essence so immediate treatment should be sought. It is important that you follow the receiving hospital's procedure for testing following a significant exposure. ***THE HOSPITAL POLICY FOR TESTING A RESONDER WHO HAS RECEIVED A SIGNIFICANT EXPOSURE IS ATTACHED TO THIS PLAN AS APPENDIX A.***

2. After filling out the Emergency Workers Incident Report form give a copy to each of the people or agencies as indicated by the color of the form. The Emergency Services Provider (ESP) or designated officer will deliver a copy of the form to the person or agency.

    a. White Copy: To the Health Care or Alternate Receiving Facility
    b. Yellow Copy: To the ESP Designated Physician
    c. Pink Copy: To the ESP Provider Agency
    d. Blue Copy: To the ESP provider

3. The Emergency Worker Incident Report copy for the service shall be kept in a locked file. All information concerning the significant exposure shall be kept confidential. The service shall ensure the rights of confidentiality of the responder and of the patient. Every effort shall be made to secure forms and other appropriate information as confidential. Service members that deny a patient or a responder the right of confidentiality shall be disciplined according to the ***(Name of Service)*** Confidentiality Policy.

4. The responder will not be allowed to provide any patient care until the PMD or personal physician has identified no positive effects of the exposure or until the responder has completed medical treatment for the exposure. The responder must be released from evaluation or treatment by the PMD or by a personal physician before being allowed to treat patients. During the time of evaluation and/or treatment the responder should take appropriate safeguards with family, coworkers, and other people whom they come into contact during daily activities.

OTHER POST EXPOSURE CONSIDERATIONS

1. At the immediate time of contamination from any of the before mentioned substances wash the affected body surfaces with an antiseptic handwash approved by the PMD. The hand wash will be available in each ambulance.

2. At the health care facility the responder should wash his/her hands three to five minutes with an antimicrobial soap if contact has been made with the patient, with contaminated equipment or with other contaminated articles.

3. If there is the possibility that the inside of the ambulance has been contaminated by air borne pathogens or by body fluids, it must be desanitized at the hospital with the proper solutions and equipment before returning to the home base. Contaminated supplies (via blood or air) should be placed in a Bio/hazard bag and disposed of at the hospital according to their policy.

4. If the responder's clothing or skin have become contaminated request the following when arriving at the hospital:

    1. To be allowed to take a shower
    2. A bio/hazard bag to place contaminated clothing
    3. Scrubs or other clothing to be worn home
    4. The clothing placed in the bio/hazard bag will be disposed of according to hospital policy

DECONTAMINATION OF AMBULANCE EQUIPMENT:

1. The following procedure will be followed when decontaminating the ambulance and ambulance equipment:

    1. GLOVES will be worn throughout the cleaning process.
    2. EMERGENCY UNIT will be cleaned monthly or more frequently as needed.
    3. INFECTIOUS WASTE BAG (Bio/Hazard) should be given to the (NAME OF HOSPITAL) to dispose of according to their policy.
    4. DISPOSABLE EQUIPMENT will be used *only once* and thrown away.
    5. COT will be cleaned with disinfectant and the sheets, blankets, and pillowcase will be changed after each run.
    6. SUCTION EQUIPMENT will be cleaned after each use. No secretion will be left in the system. Place the contents of the suction jar in the stool to be flushed into the sanitation system and then wash the jar with soap and water. Replace the bag into the jar and then run soapy water through the system and place the contents in the stool. After the system has been cleaned run a bleach solution of _____ part bleach to _____parts water ***(as recommended by your PMD)*** through the system, place the bleach solution into the stool, allow the jar to air dry prior to assembling the suction device.
    7. PATIENT TRANSPORT/TRANSFER EQUIPMENT that includes the KED, scoop stretcher and other devices will be sprayed with a disinfectant recommended by our PMD.
    8. THE PASG will be cleaned following the manufacturer's recommendations or it may be washed on the outside of the garment with soap and water. If the garment is very soiled the bladders may be removed and the garment washed in a washing machine. After washing, wipe it down with a sterilizing solution and let it air dry. Do not boil, dry clean, put in commercial dryer, or use a bleach or chemical solvent on the suit.
    9. THE TRAUMA KIT will be emptied and cleaned with soap and water or as instructed by the manufacturer. Use a disinfectant (one recommended by

your PMD) solution on the nylon equipment bags. DO NOT USE BLEACH ON NYLON EQUIPMENT. Let bag air dry before packing equipment into the Trauma Kit. Dispose of any trauma supplies that have exceeded their expiration date or usefulness.

10. SMOCKS/JUMPSUITS will be machine washed after every use. Wash separately with soap in very hot water.

DECONTAMINATION OF AMBULANCE:

1. The equipment and emergency unit shall be cleaned after each infectious disease run according to the guidelines set forth in **Appendix B** or as directed by the PMD. The decontamination of the ambulance will be documented and kept on file.

   AS TIME PERMITS THE FOLLOWING PROCEDURES WILL BE FOLLOWED IN A HIGHLY INFECTIOUS AMBULANCE RUN:

   1. Remove all equipment that will not be needed for the run.

   2. Remove all needed supplies from ambulance storage compartments and place them in a designated area within the ambulance.

   3. Using the role of plastic found in _____ ***(location)*** of the ambulance cut and tape the plastic all around the inside of the unit leaving the air conditioning/heater vents and the outside air vents uncovered. Leave enough slack in the plastic that the responder may sit down without pulling the plastic down.

   4. SPECIAL CARE SHOULD BE GIVEN TO THOROUGHLY CLEANING THE FOLLOWING AMBULANCE PARTS AND EQUIPMENT:

      A. The air conditioning /heater ducts
      B. The sliding tracks on the inside compartment doors
      C. The wooden spine boards
      D. All equipment made of canvas or has seams or zippers
      E. All equipment used in taking vitals
      F. The defibrillator

DISPOSAL OF CONTAMINATED EQUIPMENT AND SUPPLIES:

1. Contaminated equipment, clothing and supplies will be double bagged in a biohazard bag and left with the receiving hospital for disposal.

2. All general supplies used in cleaning the ambulance or equipment that have not been exposed to blood or air contamination may be placed in the trash container or poured into the drainage system.

ALL CONTAMINATED EQUIPMENT, CLOTHING OR BEDDING WILL BE DISPOSED OF BY THE RECEIVING HOSPITAL. THE DISPOSAL OF CONTAMINATED SUPPLIES WILL BE DONE ACCORDING TO THE RECEIVING HOSPITAL'S POLICY. THE HOSPITAL POLICY FOR DISPOSING OF CONTAMINATED EQUIPMENT AND SUPPLIES IS ATTATCHED AS APPENDIX C.

OFFICER'S ROLE IN INFECTION CONTROL CARE AND TRAINING:

INFECTION CONTROL OFFICER: This person will coordinate exposure related requirements, have primary responsibility for assuring the availability of personal protective equipment, monitor compliance, provide quality assurance, and review the "Infection Control Policy" as indicated in the HAZMAT/Infection Control Policy. Upon notification of a significant exposure by a member this officer will be responsible for insuring that the member receiving a significant exposure will receive timely and appropriate treatment.

SAFETY OFFICER: This person shall be actively involved in the infection control program and may serve on the Infection Control Committee. Duties shall include maintaining knowledge of the current health and fitness factors affecting the program. This officer will have the authority to alter, suspend or terminate activities judged to be unsafe and to involve an imminent hazard.

TRAINING OFFICER: This person is the elected Training Officer, shall be actively involved in the infection control program and is responsible for ensuring that all members possess the necessary knowledge and skills required to perform their assigned tasks safely and to meet the standards of the service Infection Control Policy. The duties will also include assisting the Infection Control Officer in providing Quality Assurance and reviewing the service HAZMAT/Infection Control Policy.

INFECTION CONTROL COMMITTEE: This committee will consist of the officers of the ***(Name of the Service).*** This committee will be responsible for providing an annual review and when necessary a revision of the Infection Control Policy. The Committee will also be responsible for keeping an adequate supply of Emergency Services Provider Significant Exposure Report Forms. The forms may be obtained by contacting the Kearney Regional NHHSS-EMS Office at 1-800-642-4095.

MEDICAL DIRECTION:

As Physician Medical Director of the ***(Name of service)*** I have read the guidelines and have endorsed this policy's use. I will serve as a resource for the department personnel regarding risk management, policy and procedure review, and evaluation of significant exposure incidents. I will serve as a liaison between the service and the personal physicians of the member in case there is an exposure.

_____ _____

Physician Medical Director Date

_____ _____

Service Officer Date

APPENDIX B

CLEANING INSTRUCTIONS FOR AMBULANCE AND EQUIPMENT

If your service Physician Medical Director does not provide instructions for decontaminating the ambulance and ambulance equipment the following may serve as a guide. However, it would be advisable to have your PMD review the cleaning instructions prior to implementing them as a part of the Infection Control Policy.

CLEANING KEY

Each of the following cleaning procedures is numbered. The number found under "Recommended Cleaning Procedure" corresponds to the suggested cleaning procedure found in the list of Suggested Cleaning Procedures.

Suggested Cleaning Procedures

1. DISPOSE OF ARTICLE
2. CLEAN WITH DETERGENT
3. CLEAN WITH DISINFECTENT OR BLEACH AND WATER SOLUTION
4. CLEAN WITH A HIGH-LEVEL DISINFECTANT (STERILIZATION OF EQUIPMENT)
5. LAUNDER WITH SOAP AND HOT WATER

ARTICLE	RECOMMENDED CLEANING PROCEDURE
Airway	1 or 3
Blood pressure cuffs	2
Backboards	2
Bulb syringe	1
Cannulas, masks, one-way valves	1
Cervical collars	1 or 2
Dressing and paper products	1
Non-specified equipment, supply boxes	3
Electronic equipment	3
Emesis basin	1
Protective eyewear	2
Gloves (latex, vinyl, etc,)	1

Gloves (protective, non-disposable)	2 or 5
Linens	1 or 5
Face masks (PPE)	1
Flashlights, penlights	1 or 4
PASG	1 or 2
Pocket masks	2
Protective equipment (bunker gear, etc.)	5
Regulators and tanks	2
Restraints	1 or 4
Resuscitators (BVM)	1 or 4
Scissors	3
Spinal immobilization devices	3
Splints	2
Stethoscope	2
Stretcher	3
Suction catheters	1 or 4
Suction unit and collecting containers	3
Uniforms, clothing	5
Ambulance interior and floors	3